

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/680,965</td> </tr> <tr> <td>Filing Date</td> <td>October 7, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>William J. Crilly, Jr.</td> </tr> <tr> <td>Title</td> <td>Detecting Wireless Interlopers</td> </tr> <tr> <td>Art Unit</td> <td>2434</td> </tr> <tr> <td>Examiner Name</td> <td>W. S. Powers</td> </tr> <tr> <td>Attorney Docket No.</td> <td>43273-510F01US</td> </tr> </table>	Application Number	10/680,965	Filing Date	October 7, 2003	First Named Inventor	William J. Crilly, Jr.	Title	Detecting Wireless Interlopers	Art Unit	2434	Examiner Name	W. S. Powers	Attorney Docket No.	43273-510F01US
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I hereby revoke all previous powers of attorney given in the above-identified application.															
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:															
<div style="border: 1px solid black; padding: 5px; display: inline-block;">64046</div>															
<input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Practitioner(s) Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> </tr> </tbody> </table>	Practitioner(s) Name	Registration Number			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Practitioner(s) Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> </tr> </tbody> </table>	Practitioner(s) Name	Registration Number								
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<input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/95) submitted herewith or filed on _____															
SIGNATURE of Applicant or Assignee of Record															
Signature	Date														
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Title and Company															
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*															
<input type="checkbox"/> *Total of 1 forms are submitted.															